Maine Center for Disease Control and Prevention
An Office of the
Department of Health and Human Services

Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-5672
Fax: (207) 287-4172; TTY: 1-800-606-0215

SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

GENERAL INFORMATION   Town of ___Lamoine___

Property Owner's Name: ___Timber Gorman___   Tel. No.: ___207-667-9690___

System's Location: ___52 Latona Lane, Lamoine___

Property Owner's Address: ___Same___   Zip Code ___04605___

e-mail address: ___downeasteve@yahoo.com___

The subsurface wastewater disposal system design for the subject property requires a **x** replacement system variance ☐ first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires **x** local approval ☐ local and state approval.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.)   **SECTION OF RULE**

1. ___System be constructed on soil with a depth to bedrock of 10 inches.___   _____

2. ___System be constructed with 3:1 side slopes or tapers___   _____

3. ___System to be construction 66' from neighbor's well and 60' from Owner's well___   _____

SITE EVALUATOR

When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.

_____

_____

_____

I, ___ANDREW MCCULLOUGH,___ , S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available; enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.

_____   ___9/26/17___
SIGNATURE OF SITE EVALUATOR   DATE

PROPERTY OWNER

I, ___Timber Gorman___ , am the ☐ owner ☐ agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.

_____   ___11/22/17___
☑ SIGNATURE OF OWNER   DATE
☐ AGENT FOR THE OWNER

LOCAL PLUMBING INSPECTOR - Approval at local level

The local plumbing inspector shall review all variance requests prior to rendering a decision.
I, _rebeca albright_, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (. does _✓_ does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (do   do not) approve the requested variance. I (will   will not) issue a permit for the system's installation as proposed by the application.

_____   _11/22/2017_
LPI Signature   Date

LOCAL PLUMBING INSPECTOR - Referral to the Department

The local plumbing inspector shall review all variance requests prior to forwarding to the Division of Environmental Health.
I, _rebecca albright_, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (. does ✓ does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (. do   do not) recommend the issuance of a permit for the system's installation as proposed by the application.

_____   _11/22/2017_
LPI Signature   Date

FOR USE BY THE DEPARTMENT ONLY

The Department has reviewed the variance(s) and (☐ does ☐ does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

_____   _____
SIGNATURE OF THE DEPARTMENT   DATE

Notes: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)

2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
TOTAL POINT ASSESSMENT:		

Minimum Points (Check One): ☐ Outside Shoreland Zone-50 ☐ Inside Shoreland Zone-65 ☐ Subdivision-65

Andrew McCullough

———— Engineering Consultants ————

93 Bucksport Road   PO Box 1497   Ellsworth, Maine 04605
   Phone: 207-667-6551   Fax: 207-667-7137   e-mail: **mccengr@myfairpoint.net**

Timber Gorman

September 25, 2017

Replacement System Variance Requests-Continued

4. Disposal Area Setback-14 feet from Structure with Foundation
5. Tank Setback-48 feet from new Drilled Well.
6. Disposal Area Setback 60 feet from High Water
7. Tank Setback-25 feet from Coastal Wetland

PROPERTY LOCATION

City, Town, or Plantation	LAMOINE
Street or Road	52 LATONA ROAD
Subdivision, Lot #	

OWNER/APPLICANT INFORMATION

Name (last, first, MI) X ☐Owner / ☐Applicant	GORMAN, TIMBER
Mailing Address of Owner/Applicant	52 LATONA ROAD
	LAMOINE, ME 04605
Daytime Tel. #	207-667-9690

OWNER OR APPLICANT STATEMENT
I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.

X _____ Signature of Owner or Applicant

X 11/24/17 Date

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City _Lamoine_   Permit # _1876_
Date Permit Issued _12/29/17_ Fee: $ _280_   Double Fee Charged [ ]

Local Plumbing Inspector Signature   L.P.I. # _391_
☐ Owner ☐ Town ☐ State

The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

Municipal Tax Map # _12_   Lot # _33_

CAUTION: INSPECTION REQUIRED
I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. _____

_____ (1st) date approved

_____   _____
Local Plumbing Inspector Signature   (2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION

1. First Time System
X2. Replacement System
  Type replaced: _UNK_
  Year installed: _UNK_
3. Expanded System
  a. <25% Expansion
  b. >25% Expansion
4. Experimental System
5. Seasonal Conversion

SIZE OF PROPERTY

0.75   ☐SQ. FT.   X☐ACRES

SHORELAND ZONING

X Yes   ☐ No

THIS APPLICATION REQUIRES

1. No Rule Variance
2. First Time System Variance
  a. Local Plumbing Inspector Approval
  b. State & Local Plumbing Inspector Approval
X3. Replacement System Variance
  a. Local Plumbing Inspector Approval
  X b. State & Local Plumbing Inspector Approval
4. Minimum Lot Size Variance
5. Seasonal Conversion Permit

DISPOSAL SYSTEM TO SERVE

1. Single Family Dwelling Unit, No. of Bedrooms: _2_
2. Multiple Family Dwelling, No. of Units: _____
3. Other: _____
  (specify)
Current Use X Seasonal ☐ Year Round ☐ Undeveloped

DISPOSAL SYSTEM COMPONENTS

X 1. Complete Non-engineered System
2. Primitive System (graywater & alt. toilet)
3. Alternative Toilet, specify: _____
4. Non-engineered Treatment Tank (only)
5. Holding Tank, _____ gallons
6. Non-engineered Disposal Field (only)
7. Separated Laundry System
8. Complete Engineered System (2000 gpd or more)
9. Engineered Treatment Tank (only)
10. Engineered Disposal Field (only)
11. Pre-treatment, specify: _____
12. Miscellaneous Components

TYPE OF WATER SUPPLY

X 1. Drilled Well   2. Dug Well   3. Private
4. Public   5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

X 1. Concrete
  a. Regular
  X b. Low Profile
2. Plastic
3. Other: _____
CAPACITY: _1000_ GAL.

DISPOSAL FIELD TYPE & SIZE

1. Stone Bed   2. Stone Trench
3. Proprietary Device
  a. cluster array   c. Linear
  b. regular load   d. H-20 load
4. Other: _18 TYPE B ELJEN INDRAINS_
SIZE: _____ ☐sq. ft. ☐lin. ft.

GARBAGE DISPOSAL UNIT

1. No   2. Yes   3. X Maybe
If Yes or Maybe, specify one below:
  a. multi-compartment tank
  b. ___ tanks in series
  c. increase in tank capacity
X d. Filter on Tank Outlet

DESIGN FLOW

_180_ gallons per day
BASED ON:
X 1. Table 4A (dwelling unit(s))
2. Table 4C (other facilities)
  SHOW CALCULATIONS for other facilities

3. Section 4G (meter readings)
  ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE   CONDITION
_2_ / _All_
at Observation Hole # _____
Depth _10_ "
of Most Limiting Soil Factor

DISPOSAL FIELD SIZING

1. Medium---2.6 sq. ft. / gpd
X 2. Medium---Large 3.3 sq. f.t / gpd
3. Large---4.1 sq. ft. / gpd
4. Extra Large---5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP

1. Not Required
2. May Be Required
X 3. Required
Specify only for engineered systems:
DOSE: _____ gallons

LATITUDE AND LONGITUDE

at center of disposal area
Lat. _44_ d _27_ m _41.2_ s
Lon. _-68_ d _19_ m _5.6_ s
if g.p.s, state margin of error: _____

SITE EVALUATOR STATEMENT

I certify that on _9-8-2017_ (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

_____   #326   9-25-2017
Site Evaluator Signature   SE #   Date

ANDREW MCCULLOUGH   207-667-6551   mccengr@myfairpoint.net
Site Evaluator Name Printed   Telephone Number   E-mail Address

Note : Changes to or deviations from the design should be confirmed with the Site Evaluator.

Page 1 of 3

HHE-200 Rev. 08/2011

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672   Fax: (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
LAMOINE	LATONA ROAD	GORMAN, TIMBER

SITE PLAN   Scale 1" = _____ ft. or as shown

SEE ATTACHED

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole __1__ [x] Test Pit [ ] Boring
__3__ " Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
VERY FINE SANDY LOAM	FRIABLE	WHITE	NONE

Depth Below Mineral Soil Surface (inches)

Soil Classification	Slope	Limiting Factor	
2 / AII	12 %	10 "	[ ] Ground Water [ ] Restrictive Layer [x] Bedrock [ ] Pit Depth
Profile / Condition			
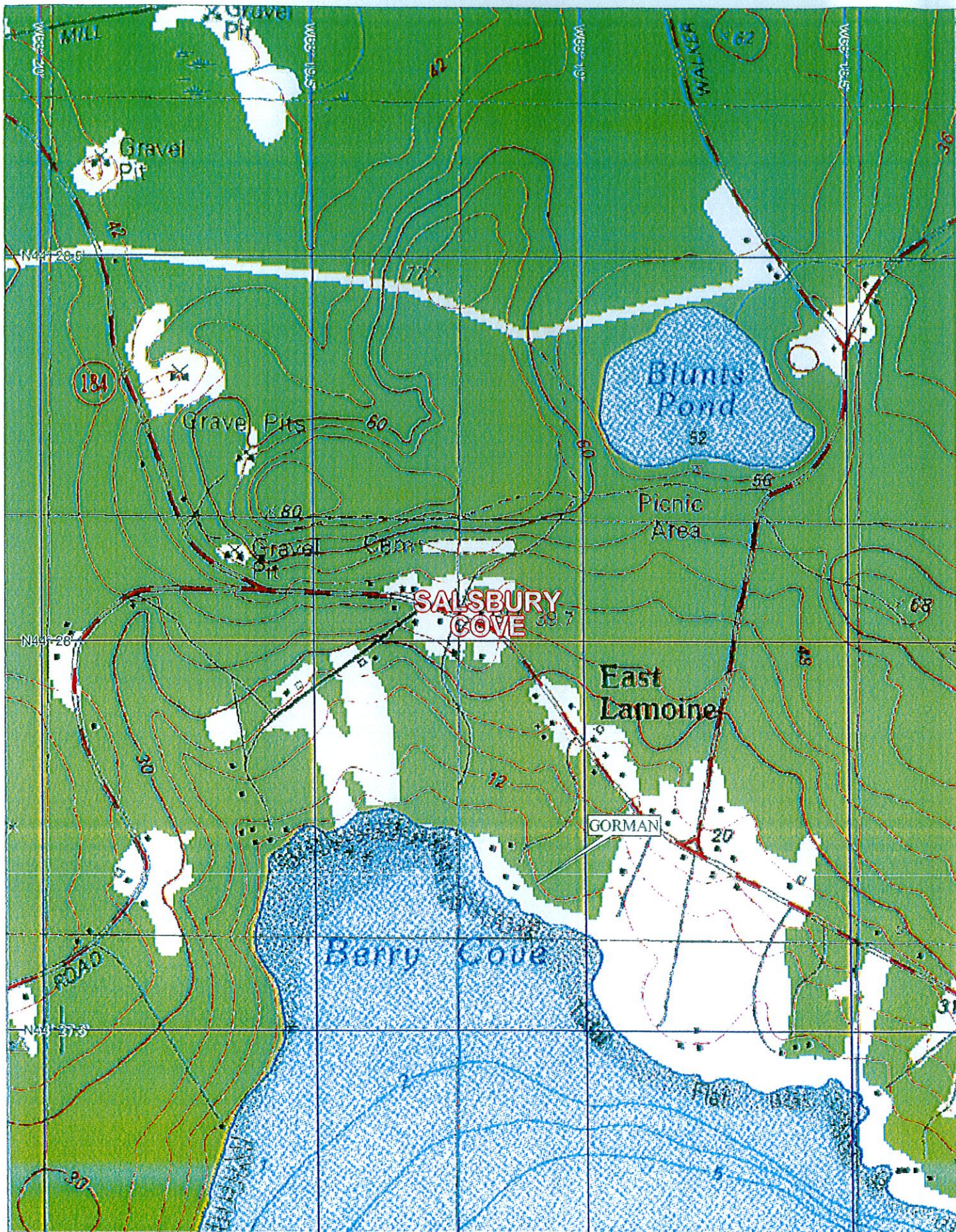
Observation Hole _____ [ ] Test Pit [ ] Boring
_____ " Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling

Depth Below Mineral Soil Surface (inches): 0, 10, 20, 30, 40, 50

Soil Classification	Slope	Limiting Factor	
Profile / Condition	____ %	____ "	[ ] Ground Water [ ] Restrictive Layer [ ] Bedrock [ ] Pit Depth

Site Evaluator Signature   SE # 326   Date 9-25-2017

Page 2 of 3
HHE-200 Rev. 8/01

MILL

x Gravel Pit

Gravel Pit

184

Gravel Pits

80

80

Gravel Pit

Gravel Pit

N44-28.5

N44-28

N44-27.5

ROAD

WALKER

62

62

36

Blunts Pond

52

56

Picnic Area

68

SALSBURY COVE 39.7

East Lamoine

GORMAN 20

12

Barry Cove

Flat

31

5

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672   Fax: (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
LAMOINE	52 LATONA ROAD	GORMAN, TIMBER

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = _____ FT.

SEE ATTACHED

FILL REQUIREMENTS

Depth of Fill (Upslope) ___SEE CROSS-SECTION___

Depth of Fill (Downslope) _____

CONSTRUCTION ELEVATIONS

Finished Grade Elevation ___SEE___

Top of Distribution Pipe or Proprietary Device ___CROSS-SECTION___

Bottom of Disposal Area _____

ELEVATION REFERENCE POINT

Location & Description: NAIL IN BLAZE IN CEDAR TREE-44" ABOVE GROUND

Reference Elevation: 0' ASSUMED

DISPOSAL AREA CROSS SECTION

Scale

Horizontal   1" = _____ ft.

Vertical   1" = _____ ft.

SEE ATTACHED

Site Evaluator Signature   326   9-25-2017
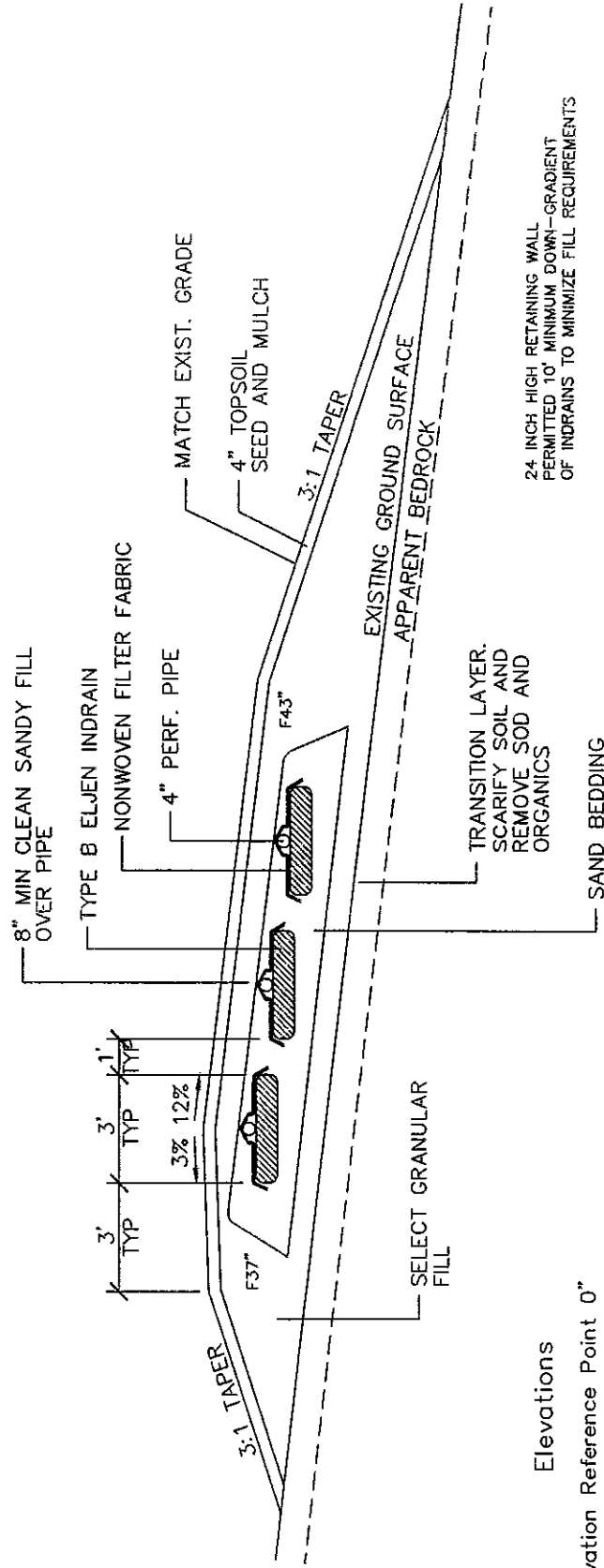
                SE #   Date

Page 3 of 3
HHE-200 Rev. 8/01

DISPOSAL AREA CROSS SECTION

8" MIN CLEAN SANDY FILL OVER PIPE

TYPE B ELJEN INDRAIN

NONWOVEN FILTER FABRIC

4" PERF. PIPE

MATCH EXIST. GRADE

4" TOPSOIL SEED AND MULCH

3:1 TAPER

EXISTING GROUND SURFACE

APPARENT BEDROCK

TRANSITION LAYER. SCARIFY SOIL AND REMOVE SOD AND ORGANICS

SAND BEDDING

SELECT GRANULAR FILL

F43"

F37"

3' TYP

3' TYP

1' TYP

3% 12%

24 INCH HIGH RETAINING WALL PERMITTED 10' MINIMUM DOWN-GRADIENT OF INDRAINS TO MINIMIZE FILL REQUIREMENTS

3:1 TAPER

Elevations

Elevation Reference Point 0"

Row	Bottom of Indrain	Top of Pipe
1	-09"	+02"
2	-15"	-04"
3	-21"	-10"

Sand Gradation

All particles shall pass the 3/4" sieve
particle size 0.01" - 0.08"
< 5% passing the #200 sieve

TIMBER GORMAN
SCALE 1"=5'
JN: 1597
9-14-17

DISPOSAL AREA PLAN

GRADE TO DIVERT SURFACE WATER

MAG N

4" SOLID
DIST. PIPE

S7E
25'

S34E
19.3'

EG (-1'-8")
FG (+1'-9")

EG (-3'-0")
FG (+0'-4")

S 52" E -24'

Row 1

Row 2

Row 3

4" PERF. PIPE

TYPE B ELJEN INDRAIN

12" SEPARATION
BETWEEN ROWS

EG (-1'-6")
FG (+1'-9")

EG (-3'-0")
FG (+0'-4")

2" PUMP
LINE

TOE OF FILL

ERP-0"
NAIL IN BLAZE
IN CEDAR TREE
0" ASSUMED

NOTE: EXISTING GRADES MEASURED
ARE TO TOP OF ORGANIC LAYER
ABOVE MINERAL SOIL SURFACE.

TIMBER GORMAN
SCALE 1"=10'
JN: 1597
9-14-17